SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

DECEMBER 1950

VOL. LIV No. 12

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ST. BARTHOLOMEW'S

HOSPITAL JOURNAL

Vol. LIV DECEMBER 1950 No. 12

STUDENTS SURVEYED

If ever there was a hackneyed subject it is that of *medical education*. Conversation in the refectory hums around the topic, editorials undermine it, leading articles in the national press consider it and an entire issue of the *B.M.J.* (*Aug.* 26) is devoted to a criticism of it. In its present form it is the teaching of a very wide subject by specialists of its various branches. Surgeons, physicians, pathologists and the rest all share their learning with students, not with the immediate object of training them to be specialists but only to be doctors, pure and simple. The subject is departmentalised for teaching and examination purposes and so it must be for organised learning, but before the student can become a good doctor he must integrate what he has learnt and study the amassed knowledge in perspective. Then, if he likes, he can turn his attention again to one or more specialised departments. Such a complicated educational system will always have its knotty problems.

The seed of medical learning presents problems enough, but what of the soil? Medicine is a wide subject and it collects a variegated band of followers. There are the clever and the dull, the keen and the disinterested, the latter usually having been launched on medical careers by over-enthusiastic parents. It is perhaps a pity that some of these still slip through the selectors' nets, though frequently the test of time will either foster in them an interest in medicine or, by killing any vestige of the same, cause them to seek fresh pastures of learning. The would-be doctor is by no means always a scientist at heart. The schoolboy who chooses, say, engineering or languages as his fancied course of study does so because he finds the subject interesting. The lad who wants to be a doctor, on the other hand, frequently finds the early scientific subjects not only dull but sometimes an almost impassable barrier between him and the fulfillment of his ideals.

Marked differences in the mental attitude of students become evident during the course of clinical studies. There is the man with a technical bent who finds such jobs as dressings in the surgical wards both uninteresting and a waste of time. Such a person may not take kindly to the recently instituted practice of bed-making in the Introductory Course. His opposite number is attracted by the possibilities of service to his patients but stumbles heavily over medicine as a science. To one the sympathetic understanding of his patients is a natural gift whereas to another it is a difficult task, slowly mastered. Methods of learning, too, are variable and every student has his own. There are the logicians and those who learn by rote, the clinicians and the "book-boys," the assiduous note-takers in the lecture theatre and their colleagues who merely listen.

From such vastly different material our teachers are endeavouring to turn out one end-product—doctors. New and better methods of medical education will forever be appearing, but though the farming changes, the seed and the soil remain the same. Both are highly complicated in their constitution. The task of training doctors, despite its problems has been and will always be surmountable. It is a gratifying thought that men and women of such different dispositions

and intellectual abilities can master so many varied subjects and take up useful places in our great profession. May the time never come when the competition for students entering our teaching hospitals will be so great as to compel the selectors to demand to see in their applicants a rigid and stereotyped standard of academic or other achievements.

"Look—he's smiling! Wonderful stuff, this streptomycin."
(Drawn by a patient in Bowlby)

ABERNETHIAN SOCIETY

The following meetings of the Abernethian Society will be held next term at 5.35 p.m. in the Clinical Lecture Theatre:—

Jan. 18.—Mr. John P. Hosford, M.S., F.R.C.S. (Surgeon to St. Bartholomew's Hospital).

Feb. 1.—Sir Theobald Mathew, K.B.E., M.C. (Director of Public Prosecutions).

Feb. 8.—Sir Allen Daley, M.D., F.R.C.P. (M.O.H. to the L.C.C.).

Feb. 22.—Dr. Martyn Lloyd Jones, M.D. (one time chief assistant on the Medical Unit, St. Bartholomew's Hospital).

The subjects of the addresses and film will be announced later.

ROUND THE FOUNTAIN

The fifth edition of this anthology of verse and prose from the JOURNAL, 1893-1949, was published in December of last year and is still on sale.
Order your copy now. The price is four and ninepence (post free).

THE COMMON COLD AND THE BEACHCOMBER

by C. H. ANDREWES

He had an unkempt white beard and a glassy eye, and altogether he looked decidedly shaky as he hunted for goodness knows what amongst the jetsam on the beach at Pago-pago. He looked as if he'd known better days, so I offered him one of my Liquorice Allsorts in hopes of eliciting his story. I succeeded. "Many, many years ago," he began, "I thought I would solve the problem of the Common Cold. I like a gamble and I knew from the start that it would be either an Earldom or"—he stooped to pick up an over-ripe banana—"this! Well, it wasn't the Earldom. I'm not complaining. My colleagues and I had every chance, including a lovely Common Cold Research Institute down at Salisbury. But the Common Cold was too much for us.

"The trouble from the start was that too much was known about the Common Cold—and yet nothing. Everybody knew that colds could be brought about by sitting in draughts or getting your feet wet. So we tried to put this 'fact' on a scientific basis. We were working with volunteers—human guinea pigs—kept under conditions of strict isolation. We tried to give them colds, or to increase their susceptibility to cold virus by chilling them. We gave them baths and made them stand about in wet passages without drying themselves, till they shivered. We sent them for walks in the rain and made them sit about afterwards, undried. We made them wear wet socks. Did they get colds? They did not. When subjected to these various treatments and in addition given a small dose of cold virus, were their colds any worse or more frequent than those in the controls who were not chilled? They were not.

"It was well-known that colds were 'catching.' So we exposed normal people in a small room to others with colds, to study how the virus got across from one to the other. But did the colds 'jump!' They did not, or only in such small numbers that we could not adequately study the phenomenon.

"People wrote to us and told us what made them catch colds. Still more often they wrote and told us how they could infallibly prevent or cure colds. Sometimes they offered to tell us their secret for cash in advance, but more often their secrets were freely revealed for the benefit of humanity. Unfortunately, all the infallible methods were different. One could, we learnt, avoid colds by eating no meat—or by eating only meat; by nasal douching—or by letting the nose well alone; by sleeping with the windows wide open—or by rigorously avoiding the slightest draught. It appeared that there was almost nothing one could do, or not do, which would not irrevocably keep the Common Cold away. In these circumstances we were puzzled that Common Colds were as common as ever and we were reluctantly compelled to believe that our 200 and more correspondents had not adequately controlled their investigations.

"In some few instances there seemed a *prima facie* case for following up the clues provided. For instance, there were the antihistaminic drugs, hailed in several articles in the American Press as reliable aborting agents for colds when taken within a few hours of onset. It was stated that experiments proving this had been fully controlled. But we, who knew the difficulties, were not happy about those controls, and when we tested two of the most potent drugs for ourselves, the effects on colds were found to be nil. Several other groups of workers reached the same conclusions as ourselves concerning the futility of antihistamines against colds, and we all said so. But did the American public cease to buy the substances from drug-stores in millions of dollars' worth? They did not.

"It wasn't only the untrained man-in-the-street who thought he knew how to avoid colds. The most eminent scientific men told us their personal experiences and were upset when we were not impressed. One day I went rather too far. After listening to such an one, I told him just what I thought. 'Do you realise' I said, 'that in your daily work you try to use scientific methods to reach correct conclusions, but that you are now laying down the law to me about your own snivelling colds on the basis of a few unchecked facts which would make a statistician groan in agony? Do you appreciate . . .?' But I had said enough. This parti-

cular eminent man was really hurt. Unfortunately, he could pull a string or two. He was able to point out in certain quarters that I'd spent a lot of other people's money, one way and another, without solving the Common Cold problem. I lost my job.

"At first I wasn't worried. I confidently advertised my qualifications: 'Knows more than any man living about the futility of current beliefs concerning the etiology of the Common Cold!' Unfortunately this got me nowhere, and gradually I got desperate. One day, in my black despair, I was tempted: I drank a Coca-cola. From there to the beach at Pago-pago the downward drift was inevitable."

He staggered. I saw he couldn't last long. "Quickly" I said, "Give me a message to take to the world about the causation of colds. You may without knowing it hold some important key." "Very well," said the old man, "Here is my creed. I believe that the Common Cold is caused by a virus or group of related viruses. In a civilised community it gets about very freely from one person to another. But we've all met it so often that our immunity to it is pretty high, and we only catch a cold if we either meet an enormous dose of virus or meet it at a time when we are temporarily vulnerable. Because our immunity, in the ordinary sense, is good anyway, I don't believe that vaccines of the ordinary sort will make it any better. In our experiments at Salisbury, we could get about 50% of 'takes' by dropping nasal washings from people with colds up the noses of normal people. These washings must have contained thousands of times the dose of virus which anyone could expect to receive in his nose in real life; yet, nevertheless, the takes were only about 50%. Moreover, the 50% who resisted our efforts were mostly liable, like other people, to get colds every so often; they were just very highly resistant at the time we were testing them.

"Yet in real life people do catch colds after contact with what must be a tiny dose of virus. It seems to follow that at times our immunity temporarily fails and the virus gets behind our guard. What allows this to happen is, in my view, the kernel of the Common Cold problem. My bet is that it's a local breakdown of defence, not a general one, for the debilitated are not necessarily more liable to colds than the healthy. It could be, first, that our chilling experiments gave a fallacious result and that reflex vascular changes in the nasal mucosa, induced by cold feet and so on, cause an upset to our defences. Second, we know that normally a moving carpet of mucus is sweeping backwards all over the nasal epithelium; I suppose cold virus must somehow get through this to start infection. Local drying can temporarily arrest this flow of mucus; perhaps that could give the virus its chance (but I must confess that the few experiments we did to test that hypothesis weren't encouraging). Third, we got some evidence that human serum may contain neutralising activity against the cold virus. The amount of antibody which can get through the epithelium from the blood into the mucus is not great: variation in the amount getting through may determine susceptibility or resistance. There is a hope here that one might increase resistance by some non-specific stimulus which would help the antibody to get out to the place where it is really wanted. Fourth, it may be that so long as, after an infection, virus persists in the nose, one can withstand reinfection, and that when it has gone one is vulnerable again. There is evidence that apparently normal people may carry virus for a time. Probably, however, they can't do so for long, for colds seem always to die out quickly in small isolated communities. Resistance certainly seems tied up with regular contact with virus; else, why should those isolated communities acquire such high susceptibility? Here again is a ray of hope. An attenuated virus, if it could be obtained, might be given regularly, say as a snuff, and keep one's resistance steadily at a high level. Fifth, there may be some explanation we've never even thought of. I wonder now . . .! Could it be? I suppose, Sir, you wouldn't like to volunteer as a subject for a little experiment? No? Ah, well!'

Suddenly he was gone, tottering away from me along the beach. Whether he was looking for coconuts or the cause of the Common Cold, I couldn't tell.

(*Editor's note*: Despite the author's odd and unorthodox presentation of his subject we fancy he means his discussion of the Common Cold problem to be taken with a certain amount of seriousness.)

VIEWPOINT ON MEDICAL EDUCATION

By F. GASKELL

"Stuffing birds or playing stringed instruments is an elegant pastime, and a resource to the idle, but it is not education; it does not form nor cultivate the intellect."
—Cardinal Newman, "Idea of a University," 1852.

It has been suggested, rightly or wrongly, that University teachers might learn something from their more humble brethren who teach in schools. Emboldened by this, and fortified by carefully chosen quotations, I venture to express some opinions on a number of educational questions.

One principle which appears to be universally accepted is that the learning process should be pleasurable. Thus Shakespeare wrote:

"No profit grows where is no pleasure ta'en;
In brief, Sir, study what you most affect."

And Wordsworth: "We have no knowledge, that is, no general principles drawn from the contemplation of particular facts, but what has been built up by pleasure, and exists in us by pleasure alone." This would appear to justify attempts to make lectures, for example, more interesting by the use of pictorial aids. It is possible, however, to place too narrow an interpretation on the word "interest." As Quick points out, an occupation may be interesting "either in itself or from some object that is to be obtained by means of it." Hence learning a list of dosages of drugs, although not interesting of itself, becomes interesting if knowledge of the list will ensure success in an examination. The degree of interest, I have found, increases more than proportionately as the day of the examination draws nearer! It is no longer fashionable to regard examinations in this light as a stimulus to promote the student's interest. Yet it appears to be accepted that we should be encouraged to remember facts by saying, "You will find this or that useful when you go out into general practice." These appear to me to be essentially the same motive with the important difference that the examination produces greater exertion.

It is hardly necessary to emphasise that interest does not imply absence of effort. Pestalozzi maintained that "a child must very early in life be taught the lesson that exertion is indispensable for the attainment of knowledge." Newman, writing in terms of university education, put it: "enlargement of the mind consists not merely in the passive reception into the mind of a number of ideas hitherto unknown to it, but in the mind's energetic and simultaneous action upon and towards and among those new ideas which are rushing in upon it." Such healthy exertion of the mind, as of the body, should be attended with a feeling of satisfaction amounting to pleasure.

Similarly, it is widely agreed that there is no true teaching but self teaching. For example, the general aim of the elementary schools is stated to be "to develop (in the children) such a taste for good reading and thoughtful study as will enable them to increase that knowledge in after years by their own efforts." Professor Lauwerys implies in a recent article that a student at the outset of his university training should already be capable of self-directed study. He suggests that this may not always be true. Rousseau, with his usual exaggeration, went so far as to lay down that Emile should not learn science and geometry but should invent them. In that way he would make use of his reasoning powers and would advance only in proportion to his own strength. Whatever reforms may be desirable in medical education, it is unlikely, therefore, that an increase in didactic teaching is required. "Past a doubt the besetting weakness of teachers is 'telling.' They have the knowledge which they desire to find in their pupils, and they cannot help expressing it and endeavouring to pass it on to those who need it 'like wealthy men who care not how they give.' But true 'teaching,' as Jacotot and his disciple Joseph Payne were never tired of testifying, is 'causing to learn,' and it is seldom that didactic teaching has this effect."

Such unanimity does not exist in regard to the details of what should be taught although the general principles are widely accepted. The Goodenough Committee, 1944, stated the broad aim of medical education—"to secure that the main emphasis during the training is on basic principles and methods . . . rather than on the implanting of a mass

of purely factual knowledge." While factual knowledge is admittedly less important than understanding of principles, a background of facts is essential before the student can begin to understand the principles. To serve this purpose the facts must be such as the mind can thoroughly grasp and handle, and such as can be connected together. In view of the recent criticisms of medical education which stressed utility, it should be stressed that the aim is not to give "useful knowledge." It may be that the two aims can be reconciled but they are essentially different.

The Goodenough Committee also recommended that medical education should be related more closely to the practical work which most of the students will ultimately have to do. One of the suggestions which has been made is that part of the student's training should be spent working with an experienced G.P. This would be analogous to the training of a teacher, part of the time being spent working in schools under the direction of members of the staff of the school. But the student is not on that account considered to be competent as soon as he has passed a qualifying examination. In fact, the usual arrangement is that the newly-qualified works for one year "on probation." Only if this probationary period is satisfactory, is he appointed to a permanent post. It is still less to be expected that a medical student should be a competent general practitioner immediately after he has passed his qualifying examinations.

There is a danger in paying too much attention to what is useful knowledge and what is not, that we should forget that, ideally, university education influences the mind in ways which are not at first obvious. Newman described this concept of liberal education nearly 100 years ago. "This then I would assign as the special fruit of the education at a University, as contrasted with other places of teaching or modes of teaching . . . A habit of mind is formed which lasts through life, of which the attributes are freedom, equitableness, calmness, moderation, and wisdom." Dr. Geoffrey Evans must have had something like this in mind when he wrote of "the tradition and atmosphere of St. Bartholomew's Hospital with its teachers, nurses, porters and students." And to this may we add, "an Alma Mater knowing her children one by one, not a foundry, or a mint, or a treadmill"?

THE SMILE

My heart was sad, my spirits low, the day seemed all too long.
A stranger, and alone, I sat, unheeded by the throng
That laughed and sang so merrily, so joyful and so gay,
When all at once my mood was changed—my night turned into day!
A face was turned towards me—she stared, then (this I swear),
She smiled so warm a welcome that my heart lept in the air!
And in a brief five seconds' time the thoughts that filled my brain
Were countless as the rings that form on water in the rain.
"She *welcomes* me! But not because I'm all alone and sad—
There's *recognition* in her glance—she *knows* me and she's glad
That after all we've met again. But who is she? I'll vow
That I have never seen such utter loveliness till now!"
She reaches out a slender hand—I answer with my eyes
And rise to greet this angel that has flown down from the skies.
But even as I stretch my arms to draw her to my side
Stark disillusion freezes me immobile in my stride.
But the thrill of that encounter will still haunt me all the while
For I came so near to Heaven in that *intercepted* smile.

R. C. H. L.

DISCONNECTED JOTTINGS OF A BACHELOR

by ANDREW G. BUTTERS

As I grow older, I find myself wondering if I am missing, or indeed have already missed, the matrimonial boat. The choosing of a wife, if choose is the word to use, can well be likened I always think, to the choice of the ideal picnic spot—you know the sort of thing I mean—you decide to take lunch out with you in the car, you start looking for a beauty spot before it is really time to eat, and although you pass some very pretty ones, as it's rather too early you drive on, and driving on you come to other pleasant places, but you still feel there must be even nicer ones a little further ahead; after all you haven't as yet found the ideal picnic spot, so why not see what's beyond the next bend, and perhaps even the bend after that? And in so doing you drive on past the normal lunch time, but by now having passed so many desirable spots you are determined to wait until your ideal turns up, surely but just around the next corner—the end result of all this is that you find yourself running out of the green and pleasant countryside, and into the dark and dreary city. Alas! you realise all too late that now you cannot possibly find your picnic spot, so your lunch goes uneaten, and you remain hungry and sadly disillusioned. True, you would gladly have stopped at several of the more lovely places way back in the country, but they were already taken, and another car in the same parking ground would not have been welcome.

I think a bachelor can well be likened to a man who has ready access to the public libraries. He is free to enter such libraries, can spend as much or as little time as he likes in looking through the books (most of which, though by no means all, he can take down from the shelves), he can turn the pages over, stopping to read a chapter here, or a sentence there, to admire a picture, or to criticise an etching, and when he becomes bored with one type of book he can replace it with another. As he grows older, however, he cannot command so wide a choice—as his years advance so do the books on their shelves retreat from his groping hand. Then one day he is asked by the Librarian if he would not like to select a book to take home with him, and to keep as his very own for all time, as obviously he is so very keen on reading, having spent so many hours in going over and looking through so many of the volumes on so many of the shelves. How nice it would be, the Librarian goes on to say, to possess your own book of your own choosing, to be your constant companion—a book to have at home by the fireside or upstairs in bed at night—one which you would never tire of reading—how much nicer, and how much more satisfactory, than having to come into the public library every time? But of course, the Librarian adds, once you have taken a book for your very own, you will not be able to come any more into the libraries, and never again will you be allowed to remove, even for a minute, any of the books still remaining on the shelves.

Now I, in common with many a single man, would very much like his own book, but am undecided as to which one to take—it is truly a big decision to make — once made there is no chance of changing first from one book, then to another, as is the case of the bachelor, who finds that after all the story is not turning out so enthralling as he at first thought. In view of the foregoing rambling remarks, the age old expression, as applied to a spinster, of being left on the shelf, takes on a new meaning and assumes a fuller significance; make no mistake though, some volumes will not, and quite rightly so, be taken down from their respective and indeed respectable shelves. What is woman? The saying goes, " Woman is the greatest work of the greatest author, the edition is large and every man ought to have a copy."

Having taken unto oneself a wife, there must ever remain the danger of discovering some one even more desirable, though by now the die has been irretrievably cast. I would compare this to the once in a lifetime purchase of an expensive fur coat by the opposite sex. You are doubtless familiar with the usual technique—for long enough all the fur coats at all suitable are looked at, are tried on, and are weighed one against the other. Several are suitable, but none is perfect. At long last the decision is made, the die is cast, the coat is bought. It is certainly very nice, but does not quite fulfil all requirements, nevertheless it is warmly received until one day in a shop window appears a fur coat which exactly fulfills (or

so it seems) the ideal which had always been in mind, but which up to now had, despite many an effort, remained unseen and thus undiscovered. But now, alas, it is too late, this coat of perfection cannot be purchased. The tragedy is that the coat which has already been bought is no longer worn with so much pleasure and delight, and thoughts of that other and more attractive coat (chiefly perhaps because it is unobtainable), are ever present.

I find there are married men, I suspect somewhat "henpecked," who tend to overemphasise the unhappy lot of a single man, saying what a miserably lonely life we lead and that we really must knuckle down and get on with things. They add how very much they would like to see all bachelors married. I usually reply by saying that as married men they are possibly a little jealous of our freedom and so desire to apply the matrimonial brake. Perhaps tho', bachelors would feel the same if, for example, they were to contract a long-standing and unpleasant infectious disease which necessitated irksome restrictions as well as partial isolation from their fellow creatures. After a time how galling it would be to know that those more fortunate were free to do as they pleased and to go where they wished, regardless of restrictions—would it not be only too human to envy the latter and possibly even play with the idea of passing the disease on to virgin soil?

Now from the above you must not think I am a confirmed bachelor, far indeed from it, and I am still hoping one day to have my own library book in my own home, though I must freely admit I am long in choosing my picnic spot, and the hour grows dangerously late, and the town gets dangerously near at hand. I am also fully aware that for me many of the books have always been beyond my grasp, and now in the twilight of my bachelor days, on looking up at the shelves, I see that most of the volumes have their backs turned to me.

"He should be here any moment now."

FRIEND OF THE BOSOM

by E. A. BOYSE

Long ago my mother said that one day my taste for eccentric companions would get me into trouble, and so it did indeed. And yet if the little dark man had not possessed the peculiar habit of resting his saucer on the out-spread periphery of his beard I dare say I should not even have noticed him.

"Don't you find you tend to collect the crumbs from the table by doing that?" I enquired, placing my own cup of tea on the remaining exposed portion of table and drawing up a chair.

"When THE DAY comes" was his gambit, "table-cloths will all be swept away together with all the other class-symbols of the bourgeoisie."

And so our friendship began—one I may say which became closer each time we met. Until that awful day (I can hardly bear to write of it), when *it* happened. We had been meeting daily at the tea-shop for some time and our mutual attraction had greatly increased. I was tired on this particular day and therefore was not unduly surprised to find some awkwardness in rising from my chair when the time came for me to take my leave. He evidently experienced much the same sensation for he lurched rather clumsily after me as we went to settle the bill. We bade each other good evening at the door but when we turned to walk off we found ourselves unable to move from the spot! Tentatively at first, and then with rising panic we tugged this way and that when, happening to pull in the same direction, we were suddenly precipitated into the street. We stumbled a few paces and walked on with a common heading.

Slowly the truth was dawning upon me. "Comrade," I said (for he had converted me to the Faith), "I fear we have become *inseparable*!" His reaction to this was alarmingly favourable and he began to dwell at length upon the virtues of communal ownership of both the necessities and the luxuries of life. My misgivings grew as we approached my somewhat richly appointed house. (I contrived to drop the key of the wine cellar into the long grass as we walked up the drive.)

Now I shall always maintain that my wife behaved most unsympathetically over the whole affair. "But my dear" I tried to explain, "I can't get *away* from the man." She was not consoled: it was all *my* fault. Without waiting for a dissertation by my companion on citizens' relationships in the New State she packed a depressingly adequate trunk and went home to Mother.

In the week which followed my hopes for an early release from this entanglement faded into despair. The more repelled I became by his now loathsome proximity the more he insisted that he was becoming increasingly drawn to me. Then the gardener returned the key of the wine cellar to me and I resolved to have it out with Smith. (I had dropped all that "Comrade" nonsense by this time.)

"Smith," I told him, "this is the end, we must part."

"Ah, but Comrade!" he mouthed through that scurf-ridden beard of his, "we can't break it off just like that."

"Oh yes we can" I replied, hotly and very firmly. "Fiddlesticks to Stalin and all his works;—all those frightful meetings you force me to attend, with everyone blathering about moiling and toiling when they've never *seen* an honest day's work let alone *done* one,—ugh! Besides, it's ruining my health; with your disgusting fitness, I get positively winded every time you run up the stairs. And moreover our bath isn't big enough for two."

Well the upshot of it was that we went to see my doctor. He produced a second form when I told him the object of our visit and announced that his fee was two guineas,—(each). He asked a lot of tom-fool questions:—was it congenital?—had I noticed anything amiss with our water?—and so on. Then he performed a long examination. "With the exception of the nits in your friend's beard I can find nothing organically wrong," was his finding, "nor can I hold out the slightest hope that your relationship can be severed surgically. It's undoubtedly functional. You had better see a psychiatrist."

The psychiatrist we visited grasped the situation at once. Vainly I tried to explain that it was only *I* who wanted a consultation. In that case, he insisted, my partner must leave the room. So I had reluctantly to pay a double fee once more. As he opened the

door for us on my way out he whispered into my ear "Your only hope is to insult him deeply."

But the insulting of Smith proved no easy matter. To all conventional approaches,—physical, mental, spiritual, sexual and antecedent he seemed quite unresponsive. In vain I showered upon him hailstorms of eloquent invective. At last, when I had all but given up hope I hit upon the right formula quite by chance. It was while he was "sharing" the last bottle of my finest Bordeaux that I flung at him bitterly, "Comrade, my foot, why you're nothing but a,— a,— social parasite."

I could see he was hurt. He remained silent the whole evening and even forgot to grease his beard that night. Next morning he was noticeably distant;—I checked it with the tape-measure. After that it was plain sailing. We drifted further and further apart. As soon as we could inhabit separate rooms I made careful calculations based on Animal Magnetism and the Inverse Square Law and gave the butler instructions to have him thrown down the steps into the area.

I still feel distinctly uncomfortable when I hear that wretched tune "I'll Walk Beside You," and I continue to receive pestering postcards from Smith suggesting a reunion, but on the whole I consider myself quite recovered. But, believe me, it will be a long time before I form another attachment of that nature.

SO TO SPEAK . . .

From a "General Interest" Film

. . . further research in electronics disclosed a method of converting sound into audible impulses.

Starting Early

. . . What did the doctor mean when he said to the nurse that my baby had a fickle heart and that his head was engaged? He isn't the sort to make jokes or I'd have thought he was just being funny.

From the correspondence column of a women's journal.

On Examination

Heard towards the end of a long sequence of irrelevant negative findings in a man aged 50.

1*st time clerk*: " . . ., and I thought the umbilicus was rather low, sir."

Chief Assistant: "I suppose that precludes a pregnancy or an ovarian cyst."

Differential Diagnosis

"You can always mention syphilis. It causes everything except nystagmus."

Medical Out-Patients.

BART'S REVISITED

JUNE 1976

by VISHNU

I hadn't long to stay in London and I decided to revisit my old hospital of which I had such happy memories. I hoped to meet the Dean and those others among my teachers who were still there. My days at Bart.'s were what would strike the modern man as being anarchic and archaic in the extreme. Human assets like common sense were valued. The Dean admitted students when he liked the look of them. He thought that if they were not totally lacking in brains and were reasonably interested in medicine and in their fellow men they might make good doctors. Some did, others didn't. However he never relied completely on scientific investigations.

On reaching there I discovered that there was a new Dean and that he was very busy that morning engaged in interviewing applicants for admission to the medical school. I was trying to decide whether it would be worthwhile bothering him when he opened the door and said,

"Next please . . ."

I was about to explain who I was but he interrupted me, saying,

"Don't tell me your name. For our purposes you will be 10237 until you leave us at the end of your medical studies, that is of course if our scientific investigations prove that you are a suitable chap on whom the state can risk wasting its resources . . ."

I realised the awful predicament in which I found myself but he wouldn't let me explain. He went on,

"You mustn't talk to me except to answer the questions I put to you. Otherwise it may prejudice me one way or the other about your personality. That factor we would prefer our psychologists to assess. We endeavour to consider you as a unit. You look a bit above average age for the course which as you know now extends over 25 years. The last three years as an intern are frightfully important. Why do you want to come to Bart.'s?"

I thought I would try and humour him and said that I thought Bart.'s was the best hospital in London. Contrary to what I expected this remark seemed to displease him and he said,

"You hold imperialist bourgeois ideas about the standards of our state medical education. If you read the Ministry publications you will know that the standards of teaching at the different medical schools are high and maintained at an equal level. No one hospital is better than another. Our ministry has seen to that." He looked up admiringly at a life size portrait of a past Minister of Health. Having done this he took another look at me and said,

"You look reasonably fit. Now off with your clothes and let our Registrar of admissions examine you."

He had hardly said this when a bespectacled registrar walked in, percussed my chest and while he smartly performed a liver biopsy said,

"You will have to undergo a short series of special investigations."

I had to submit to these during the course of the next three days. They included:

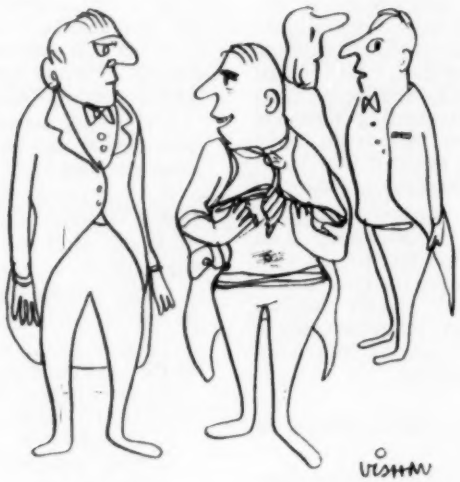
X-ray—chest, skull, abdomen and joints,
EEG and cephalometry,
ECG and blood investigations.
Cardiac catheterisation,
Ventriculogram,
Bronchogram and bronchoscopy,
Gastroscopy and occult blood in stools,
Throat swab, blood culture and blood tests.

After this I was interviewed by a panel of psychodiagnosticians who extracted my secrets under thiopentone and made me submit to an I.Q. determination. They studied my cephalometry results and EEG's. At the end of these investigations I was summoned before the selection committee presided over by the Dean. Apparently they had already studied the results of my investigations, for the long table at which they sat was cluttered up with them. The Dean rose and said,

"I am sorry 10237 that we had to perform so many investigations on you. We do that as a routine on all applicants. Our admission registrar has shown your results to the statisticians who believe that you will not outlive the course of medical studies here but that is not the point on which we are forced to reject you. It is far more serious

one. The psychodiagnosticians assure us that the study of your EEG's and cephalometry recordings show that you are predisposed to a psychosis and it would therefore be a waste of our state's resources to attempt to teach you. Have you anything to say?"

"Yes," I said, my cheeks colouring, "Bart.'s isn't the same cheerful and happy place that I knew when I left after qualifying in 1951." My remarks shocked the members of the Committee who shifted about uneasily beneath the portrait of the Minister of Health.



"The pain is worst over here, Mr. Cutter."

ERUCTO AD ABSURDUM

Coriander, caraway, betel, fennel, dill,
Peppermint and ginger, and aqua camph. destill,
Cinnamon and cajuput, rosemary and myrrh,
Bachu, chalk and nutmeg, and oil of lavender.

Oils of eucalyptus, of sassafrax as well,
Lemon, pepper, juniper (hear the dinner bell),
Cardamoms and spearmint, pimenta, aniseed,
Balm and cloves and orange are very nice indeed.

Many are the simples we have mentioned here by name.
Are the ailments many that are remedied by same?
Sad to say they're not, sir! Tho' pick of nature's garden,
The only action of these drugs is "hup b-r-r-r-p, pardon!"

R. V. F.

QUESTIONS ANSWERED

What is the present treatment for pernicious anaemia?

The aim of treatment in pernicious anaemia is to restore and preserve a normal blood picture. For this purpose normality may be defined as an erythrocyte count above 4,500,000 per cu. mm., a haemoglobin level above 95% (Haldane), and a mean corpuscular volume below 100 cu. micra.

The patient should remain in bed during the initial treatment until the haemoglobin level has risen above 65% (Haldane). Specific treatment consists of the administration of the anti-anaemic principle: this is best given by parenteral injection and the most satisfactory results are obtained with either refined liver extract or vitamin B_{12}. The dosage of the former depends on the preparation; but one or two c.c. is the usual amount required weekly in the initial stage; the weekly dose of vitamin B_{12} should be 20-40 micrograms.

When normal blood levels have been reached, a maintenance dose must be given. This varies between 2 and 4 c.c for refined liver extracts and 40-80 micrograms for vitamin B_{12}. Regular examinations of the blood are an essential method of controlling treatment. If there is evidence of neural degeneration at least double the doses recommended must be used.

R. B. S.

What are the present views on the aetiology and classification of cystic conditions of the lungs?

Cysts of the lung may be single or multiple, unilateral or bilateral and may contain air or fluid or both. Those arising by distention of fluid are unusual, but hydatid disease provides an obvious example; much more frequently they contain air. Pathological examination reveals that almost all are regular and circular in outline and contain no fluid or solid; their walls are smooth and incompletely lined with bronchial epithelium which may derive from their bronchi of origin or represent an overgrowth from neighbouring bronchi. One or more bronchi may be seen entering each cyst and these are usually diseased and often enter the cyst at an acute angle. Many theories have been put forward to account for such cysts and there now seems no longer to be any doubt that they arise mainly as a result of differences in calibre of the bronchi during respiration. The bronchi actively dilate during inspiration and passively relax during expiration so that, in the presence of partial bronchial obstruction, air can pass more freely along them in inspiration than expiration. Hence, air will always tend to accumulate beyond a narrowed bronchus; this is classically seen in asthma where a cushion of air forms in the alveolar bed. If such distension is sustained, atrophic changes are likely to occur with loss of pulmonary substance and the formation of an air space or cyst. The walls of the terminal bronchi, bronchioles and alveolar ducts are fragile and readily succumb to such pressure, giving rise to the commonest variety of pulmonary cyst, the emphysematous bulla; these occasionally become enormous and may occupy the greater part or the whole of the hemithorax. Larger bronchi distend less readily, but occasionally segmental or lobar bronchi are distorted by a long-standing lesion such as a tuberculous stenosis or bronchial adenoma leading to the replacement of the segment or lobe distal to it by a cyst or cysts.

Local distension or ballooning of the lung occurs in a variety of clinical conditions. If radiographs are taken during the stage of resolution of ordinary lobar pneumonia in childhood, a thin-walled cyst is often seen which may persist for several months and then suddenly disappear. In staphylococcal pneumonia there may be several cysts, possibly representing inflated lung abscesses. Tuberculous cavities may suddenly distend, the so-called tension cavities, which occasionally rupture into the pleural cavity.

A term which is commonly used, with singularly little justification, is "congenital cystic disease"; it denotes one or more thin walled cysts for which no obvious cause can be found. Pulmonary cysts are extremely rare at birth and there is good reason to suppose that the vast majority of this sort are acquired; to say that a cyst is develop-

mental in type is occasionally permissible but to infer that it was present at birth is unreasonable. The word "congenital" in this connection should be abandoned.

Cysts may develop as part of a bronchiectasis, usually towards the periphery of the bronchial tree. The mechanism of their production is by no means certain, but it is probably related in part to bronchial obstruction and atelectasis; there is probably also an individual factor or weak point in the bronchial tree of many people which, in response to stress, may lead to cylindrical bronchiectasis, saccular bronchiectasis or cystic bronchiectasis. As Tudor Edwards said, bronchiectasis is rather like varicose veins, some people get it and some don't.

N. C. O.

CLINICAL CASE-BOOK

CARDIAC RHEUMATISM

Mackenzie has said "the purpose of a patient in consulting his doctor is to find out what bearing his complaint has on his future. The patient may not be able to express it and his ideas may be confused, but what he is in fact afraid of is that his heart may fail. He demands of his physician that he shall tell him whether or not his present symptoms indicate heart failure or foreshadow its occurrence. This then clearly is the imperative question you have to answer as regards every case with an affection of the heart."

Miss K., aged 14, at school.

PRESENTING SYMPTOMS in March, 1949.

For one month, dyspnœa and palpitations on climbing one flight of stairs.

For three weeks, pain in left chest aggravated by coughing, night sweats on two occasions and vomitting on two occasions.

For one week, cough.

H.P.C.

5 years ago, in bed for 1 month with "growing pains" in chest and loin.

6 months ago, rash, hair falling out, loss of weight and poor appetite.

F.H. No rheumatism.

O.E. General appearance of lassitude.

HEAD and NECK. Fauces injected, mucous membranes pale, trachea central, no venous engorgement.

CHEST. Incipient clubbing of fingers. Few râles at both lung bases.

A.B. 4 inches from midline, ¼ inch outside M.C.L.

Apical presystolic crescendo, diastolic rumble and a blowing systolic murmur conducted to axilla.

Aortic systolic murmur.

Pulmonary second sound accentuated.

Pulse regular. 80. B.P. 90/50

ABDOMEN. N.A.D.

LIMBS. N.A.D.

Patient was afebrile. Weight 5 st. 10 lbs.

SPECIAL INVESTIGATIONS.

Hb. 64%, E.S.R. 38 m.m. Throat swab gave a growth of streptococcus viridans.

E.C.G. showed right ventricular preponderance and/or carditis.

Screening showed left ventricular enlargement with apex in the mid axillary line. Prominent pulmonary conus.

Barium swallow showed enlarged left auricle.

DISCHARGED May, 1950. Hb. was 86%, E.S.R. 4 m.m. Hb. within M.C.L. No sign of failure. Patient looked cheerful and well. The prognosis appeared fair.

SUBSEQUENT COURSE.

At convalescent home there was a gradual improvement in exercise tolerance but she continued to cough and did not gain weight. In August she was allowed to play tennis for 4 days. She could serve one ball and return it, then had to rest for 5 minutes. She became increasingly dyspnoeic especially after

coughing and she was returned to bed. Cough became productive and the sputum was occasionally streaked with blood. She had a dull ache in the knees and elbows.

X-RAY showed an enlarged cardiac shadow and pulmonary congestion. The pulmonary congestion subsequently diminished; the heart, however, continued to enlarge.

READMITTED TO BART.'S in September, 1950. She had cough, dyspnoea on walking on the flat, orthopnoea and poor appetite.

O.E. Mitral facies; appeared tired and depressed.

HEAD AND NECK. Mucous membranes good colour, fauces not injected, no venous engorgement, trachea central.

Slight clubbing of fingers.

CHEST. Movements = poor. At both lung bases the P.N. was impaired, T.V.F. absent, breath sounds diminished, and moist râles present.

C.I. 4½ inches from midline 1 inch outside M.C.L. in 5th space.

Apical systolic crescendo and faint diastolic rumble, systolic blowing murmer.

Aortic systolic murmur.

Pulmonary second sound accentuated.

Pulse regular 120.

Afebrile.

SPECIAL INVESTIGATIONS.

Hb. 88%, E.S.R. 27 mm., throat swab showed the presence of streptococcus viridans and Lancefield Group A streptococcus.

E.C.G. showed right ventricular hypertrophy and/or carditis.

X-RAY showed enlarged heart with pulmonary congestion of both lower lobes.

Points of Special Interest

1. The prognosis has become poor. Is the marked increase in heart size due only to progressive mitral valvulitis or is there also active myocardial rheumatism? The pulmonary symptoms and signs suggest mitral stenosis and the left ventricular enlargement myocarditis. In addition the recent pains indicate still active rheumatism.

2. Action of digitalis on the rapid regular heart. Digitalis is useful to reduce tachycardia and to increase cardiac output in patients with tachycardia with normal regular rhythm who also have active rheumatism. Two weeks before digitalis was given (0.5 mg. daily) the average heart rate was 120. 2-3 weeks after this the average rate was 80.

I wish to thank Dr. Geoffrey Bourne for permission to publish this case and for his helpful criticism—L.F.

This Clinical Note is the first of a new series to which students are invited to contribute. Persons wishing to present cases in this way should see MISS LORE FELDBERG.

STUDENTS UNION BALL

The Annual Students' Union Ball will take place at the Dorchester Hotel, Park Lane, on Friday, January 26, 1951, from 8.30 p.m. until 2 a.m.

Double tickets are £2 10s. and can be obtained from the Hon. Sec. Students Union.

NOSOPHOBIA ?

Following some correspondence in the *B.M.J.* about smoking as a cause of carcinoma of the lung the cash realised from cigarette sales in the Refectory fell from £8 in a week to £2.

CORRESPONDENCE

AUTHOR UNKNOWN

To the Editor,
St. Bartholomew's Hospital Journal.

Dear Sir,

During the summer we had the pleasure of showing Dr. L. P. Ereaux, a distinguished dermatologist from Montreal, some of the work being done in this department.

He left behind for our edification the following poem, but could not tell us who was the author or where the poem was originally published.

I would be very grateful if any of your readers could tell me where I can find the original.

Yours sincerely,

R. M. B. MACKENNA.

Dermatological Department,
St. Bartholomew's Hospital.
October 10, 1950.

THE SKIN MAN

Some may sing the Surgeon's skill—he wields a wicked blade,
While not a few prefer G.U.—('tis not a tidy trade);
Pure science has her accolytes—a brave, devoted band;
But I'd rather be a Skin Man, and with the Skin Man stand.

Outside the Throat Room's dreadful door the knitting women wait,
While still unseen the Guillotine keeps up its ghastly gait;
Like plums upon the dewey grass the tender tonsils fall—
But neither they nor adenoids intrigue my thought at all.

The Skin Man never is aroused as breaks the morning pale,
By vehement parturient or ailing infant's wail;
Nor is he snatched from Morpheus' arms, from some delicious dream
To aid some old prostatic case who cannot start his stream.

Behind his broad expanse of desk—mayhap of tropic teak—
He views the rash and takes the cash—and does it week on week.
His mind is calm, his spirit blythe, his future is assured,
For though his patients oft come back, they're never quickly cured.

With ointments bland he tries his hand to soothe—but ere too late,
If soothing makes them worse again, then he can stimulate;
If stimulation aggravates, his course runs ever smooth,
For he can cease to stimulate, and start once more to soothe.

No paladin of Arthur's age, no gleaming dressed knight
Of old romance had such a chance his lady to delight;
For him that blush of damask rose, for him that downcast eye,
Who drives the ringworm from her cheek, the itch-mite from her thigh.

The lady fine, the concubine, the virgin and the priest
Discard their pants in Bacchic dance—from lues now released.
Tabetic and paretic in Corybantic maze
Surround the guy that got them by, and raise their songs of praise.

So farewell dermatitis, from you forever free;
Goodbye the bugs that bite us—the louse, the tick, the flea;
Oedema, erythema, and pruritus ani too;
Like driven snow from head to toe—we bid you all adieu.

LECTURES

To the Editor,
St. Bartholomew's Hospital Journal.
Dear Sir,

We have recently been regaled with an editorial on the standard of lectures at Bart.'s, and two letters on seating accommodation. Like others, I have wondered whether a good part of the criticism was surely, unfair and dishonest, and the rest grossly exaggerated. I felt certain that in the intervening period others would have taken up the cudgels, and so I trust Mr. Editor you have not been abusing your prerogative by prohibiting opinions opposed to your own!

On the subject of lectures it has *not* been the case of an odd lecture or so being interesting or useful, but, rather that the very great majority have been well worth attending. Only the occasional has been of sufficient note to deserve your laboured censure. The only lectures I can recall in the terms you describe were on such subjects as Pharmacy and Public Health, dull subjects to most of us. It is hardly what your editorial implied. Who, searching his conscience, would not admit that lectures given at Bart.'s are well worth the trouble we take to attend them; witness the huge attendances amidst the much vaunted seating discomfort at the lectures of any, aye, any of the heads of firms, assistant chiefs, Professors and their minions. I think our teachers may justly regard your editorial as impertinent, but I hope will think of it in the light of your youth, inexperience, and status pupillaris.

As for the remarks on seating accommodation in the Practical Surgery Room, they are unfair, because, obviously the architect must have been severely limited by building restrictions, plus the need to accommodate the largest number of students in the smallest possible space IN THE QUICKEST POSSIBLE TIME. Would your correspondents dispute this! Whether notes should be taken or not at a lecture is quite arbitrary and varies with each student, lecture and lecturer. Your correspondents Messrs. Fitt and Winston certainly ascribe high motives to the architect. Perpetuation of mediocrity my foot! Not wishing to ingratiate myself with either our teachers or you Mr. Editor, I take the liberty of signing myself,

Yours faithfully,
HUMANUM EST ERRARE.

Abernethian Room.
October 6, 1950.

To the Editor,
St. Bartholomew's Hospital Journal.
Dear Sir,

Those who have followed the recent correspondence on Lecture Accommodation may be interested in this excerpt from the *Memorials of John Flint South.*[1] The year referred to is 1814 and the lecturer, John Abernethy.

"When I attended the surgical lectures at St. Bartholomew's they were given in a small amphitheatre, most inconvenient for comfort—or rather, comfortless—as the seats were without rails, and therefore each ascending row of students received the knees of those above into their backs, whilst they thrust theirs into those of the sitters below. Here also the theatre was crowded before the lecture began, . . ."

Plus ça change?

Yours etc.,
C. P. WENDELL-SMITH.

The Abernethian Room,
St. Bartholomew's Hospital.
October 27, 1950.

[1]Feltoe, Charles Lett. *Memorials of John Flint South* [etc.], 1884.

EXAMINATIONS

To the Editor,
St. Bartholomew's Hospital Journal.
Dear Sir,

As a former teacher of Physiology, I should like to suggest that a reprint of the admirable paper under this title in the October number be given once, preferably twice, to all students during their years at the Hospital.

One cannot over-emphasise the importance of reading the questions before answering them. In every examination room one sees some candidates scribbling frantically before they have had time to read even one question carefully. The most unpleasant viva I ever had came from an enraged anatomist to whose question on the third ventricle I had replied with an elaborate description of the fourth.

If one reads through all the questions first, as one should do, and then begins to answer one of them, points about the other answers will keep bobbing up in one's mind. I have always advised students to have a spare sheet of paper at hand and to note these points down; they come in usefully especially towards the end, when one is getting tired.

The over-self-possessed candidate must be an even greater trial to the examiner than the over-nervous one. At a Primary F.R.C.S. viva a candidate misunderstood, either actually or intentionally, a question put by the examiner, who thereupon worded it differently. The candidate replied, in a most irritating drawl, "Ah, *now* I see what you're trying to ask me." This kind of thing is enough to try the patience of any examiner.

Candidates should remember that examining is very exhausting work for the examiners. At my own Conjoint Surgery viva, rather late at night, one of the two examiners was fast asleep, and the other (a famous mountaineer, and a man not easily tired) was, with his head only a few inches above the table, almost in the same happy condition.

If one is asked, at a viva in what used to be called "Chemical Physiology", to identify a spectrum, one must not, as did a friend of mine, hold the pocket spectroscope vertically and pour the contents of the test-tube into one's eye.

One must not be alarmed if, especially in the more theoretical subjects, an examiner at the viva asks rather queer questions; this may mean only that one's paper is all right, and he is just filling in the time pleasantly, as a good host should do. At a viva in Public Health and Medical Jurisprudence I was asked only two questions, and could only reply "I don't know" to both; they were "Is there any known case of typhoid in a cow?" and "If you want to take a patient to a fever hospital in a cab, can the cabman refuse?"

Some caution may be necessary in discussing their experiences with students after the exam. One of my men complained to me of hostile treatment in the Primary F.R.C.S. viva by an examiner whose name he did not know. I said "That sounds like S. Was he a villainous-looking man, like a parrot?" "No," the man replied, "it wasn't S. I know S. He's my uncle."

Candidates should always remember that the great majority of examiners want to help them, and that all examiners have been examinees themselves, and that the chief object of the viva is, not to trip up those who have done a satisfactory paper, but to give another chance to those who have not done so.

E. L. KENNAWAY.

October 21, 1950.

THE ANATOMY OF MIDWIFERY

To the Editor,
St. Bartholomew's Hospital Journal.

Dear Sir,

The charming article by Mr. Reginald Vick reminds me that when I faced the Examiners first for my "Midder" Exam. I was given a Cadaver and a Leather Foetus, and a Box of varied forceps and other instruments, and was bidden to deliver a baby by forceps.

I had never either delivered one, nor assisted in a forceps delivery.

Bravely, however, I selected two halves that fitted each other, and proceeded with the left hand to pass the forceps per Vaginam, and with the right hand to adjust each blade to the head of Foetus which was in vertical presentation.

After some clumsy hand work I delivered the Foetus triumphantly.

The Examiner Dr. Lewers quietly, coldly, and with staccato pronunciation said "Let me see, you are Oldfield of Bart.'s. Perhaps you do not know that during parturition a woman's abdomen does not open. Good morning, Oldfield."

At that time I was already a Barrister and therefore appreciated to the full the delicate but cutting irony of the reproof and could only reply "Thank you Sir, I will do better next time."

Next time I knew my work from A to Z.

JOSIAH OLDFIELD.

8, Harley Street, London, W.1.
October 6, 1950.

POT POURRI

To the Editor,
St. Bartholomew's Hospital Journal.

Dear Sir,

May we draw the attention of your readers to the Pot Pourri of the Ward Shows, which will be given at the Cripplegate Theatre on Saturday, December 30, 1950, at 8.30 p.m. There will be an additional performance on Friday, December 29, if the request for tickets is as overwhelming as last year. Tickets will be available from December 11, 1950.

Yours faithfully,

C. TODD, *Senior Resident.*
J. C. PITTMAN, *Hon. Sec., Dram. Soc.*

The Abernethian Room,
St. Bartholomew's Hospital.
November 14, 1950.

MUSICAL SOCIETY: FESTIVAL CHOIR

To the Editor,
St. Bartholomew's Hospital Journal.

Dear Sir,

A circular has reached me, containing details of a concert to be given by the "United Hospitals Festival Choir" at the Albert Hall next May. The choir is to be composed of nurses and medical students. I enclose excerpts from the circular.

May I take this opportunity of reminding Bart.'s people that before the war there was an active Hospital Musical Society. Should anyone be moved to wake this dormant body, he may glad to know that there is a small sum—£5 10s. 10d.—in its Bank account.

Yours faithfully,
F. A. RICHARDS,
Hon. Treasurer, St. Batholomew's Hospital Musical Society.

Robinswood,
Cobham, Kent.
October 31, 1950.

UNITED HOSPITALS FESTIVAL CHOIR

(Chorus Master—Colin Ratcliffe)

ELIJAH — MENDELSSOHN

Ena Mitchell — Alfred Hepworth
Gladys Ripley — Norman Walker
Douglas Hawkridge—Organ

The
LONDON SYMPHONY ORCHESTRA
conducted by
JOSEF KRIPS

The Royal Albert Hall, Wednesday, May 30, 1951, at 7.30.

[If anyone would like to sing in the United Hospitals Festival Choir he should see MR. P. G. CRONK.—*Editor.*]

APPOINTMENTS

The undermentioned appointments to the Medical Staff have been made with effect from the dates given:—

Resident Assistant Gynaecologist & Obstetrician
Mr. J. J. O'Sullivan (re-appointed) January 1, 1951

Orthopaedic Department—Registrar
Mr. E. Shephard (re-appointed as Registrar) January 1, 1951

Junior Registrar to Dr. Cullinan
D. F. G. Campbell January 1, 1951

Junior Registrar to Mr. Hume
Mr. K. Lawrence January 1, 1951

Junior Registrar, Pathological Department
Mr. J. S. Jenkins December 1, 1950

HOUSE APPOINTMENTS

The undermentioned locum House Officers have been appointed for the period November 1 to December 31, 1950:—

Junior H.P. to Dr. Spence
Montgomery, B. K.

Junior H.S. to Mr. Naunton Morgan
Blakeway, I.

PRIZE IN HISTOLOGICAL DRAWING 1950

Awarded to:—Y. P. N. FORGET.

Prox. Accesserunt: A. E. Bashford, J. S. Malpas.

Highly Commended: R. C. Taylor.

BIRTH

GILSENAN.—On November 6, at 46, Waverley Road, St. Albans, to Tessa, wife of Dr. B. M. C. Gilsenan, a daughter—Clare Margarita Maria.

SPORT

RUGBY CLUB

Rugger Notes

F. I. Macadam has been appointed Captain of the 'A' XV.

P. B. Biddell has been appointed Captain of the Ext. 'A' XV.

On October 21 for the first time for many years, we fielded five XVs. We hope we shall be able to continue to do this throughout the season. So far this season 114 players have represented the hospital Rugger teams.

October 28 was quite a red-letter day, too. The 1st XV beat the R.E.M.E. Corps side 14—0; the 'A' XV just lost to De Havilland 3—5; the Extra 'A' XV beat Middlesex Hospital Extra 'A' 9—5; the 'B' XV beat London Irish 13—10 and the Extra 'B' lost to Old Elizabethans 13—3.

A special word of congratulations is due to the Extra 'A' XV. So far this season they have beaten St. Mary's Extra 'A' 12—9, Middlesex Extra 'A' 9—5, lost to St. Thomas' Extra 'A' 6—8, and beaten Harrow 26—5.

v. U.S. Chatham, October 7.

Result: Won 6—3.

Bart.'s played their second match of the season against U.S. Chatham in ideal conditions for fast open Rugby. The ensuing game, however, proved a little disappointing after the excellent showing of the team against Woodford the previous Saturday.

The opening exchanges were more or less even, Moyes asserting an early supremacy in the set scrums. After about 15 minutes' play Bart.'s scored a good try through John, who touched down after a determined run and well-judged kick ahead by Davies. Half-time arrived with the score 3—0 in Bart.'s favour.

Chatham soon equalised after the interval, their left-wing scoring after a blind side move from a set scrum near the Bart.'s line. Play became very uninspiring in the second half due to some unconstructive play by both sides. However, 5 minutes before the end Murphy scored the deciding try, showing admirable determination and fixity of purpose in crossing the line.

In the pack Moyes was his usual efficient self, whilst Havard led his men in great style. More cohesion is required before it becomes a force of considerable potential. In the backs Davies and Clare showed up well, but safer handling and straighter running in the centre are essential for the wing men to have opportunities to show their paces.

v. NOTTS, October 14.

Result: Lost 14—3.

This game started off at a cracking pace and our backs were not really a match for those of our opponents who threw the ball about with great accuracy and whose defence was most solid. Our own three-quarters were not tackling their opposite numbers first time; they also tended to run across and thus not avail themselves fully of their somewhat limited share of the ball. Notts scored twice in the first half and gave us a good demonstration of place-kicking by converting one and narrowly missing the other. Bart.'s were unfortunate in losing Cohen in the first half; his place was ably taken by Fitzgerald, to whom credit is due as he had not previously played at scrum half. He was responsible for a good breakaway, and thanks to efficient backing-up by Davies, the latter scored for the Hospital. The kick failed.

In the second half, Bart.'s scrum continued to play a grand game and did more than hold their own. However, Notts again showed us the advantages of consistently good goal kicking and scored on two penalties, one being a most difficult kick.

We were awarded more penalties than our opponents but lacked the kickers to make use of them, otherwise the match could have been drawn. Despite this, it was a keenly fought and most interesting game—and the team tried very hard.

v. ALDERSHOT SERVICES, October 21.

Result: Lost 11—6.

The Hospital was disappointing this afternoon. The forwards did not get together at all during the first half, and the backs ran across and hung on to the ball too long. By half-time the score was 8—0 to the Services.

In the second half the game improved. Bart.'s were pressing continuously, and two penalties were converted by Taylor and Dick. The forwards were at last pulling themselves together. Then a breakaway from one of the Services centres sent their left wing over for a try, and the game ended with the score 11—6.

v. HARLEQUIN WANDERERS, October 25.

Result: Won 11—0.

The Hospital put up a most encouraging performance this afternoon by defeating the Harlequin Wanderers on their own ground by 11 points to nil.

Both Kneebone and Taylor in the centre showed their best form of the season, and they were well served by their half-backs. The forwards, too, were in great form, overrunning a lively Harlequin pack.

The scoring opened in the first half when Taylor cut through and passed to Murphy who ran over 25 yards to touch down 10 yards in from the touchline. Dick converted the try into a goal.

Ten minutes later Taylor broke through and scored.

The second half was fairly even. Bart.'s forwards were most active, and their rushes always dangerous, but it was close. The fly-half, who dribbled over after Kneebone had been grounded ten yards from the line to make the score 11—0.

Long may the backs continue to show such thrust and the forwards such vigour.

v. **R.E.M.E.**, October 28.

Result : Won 14—0.

This afternoon Bart.'s beat the Corps side of the Royal Engineers by 14—0.

The forwards secured most of the ball, both from set-scrums, line-outs and in the loose; the backs took full advantage of this, although up against some determined tackling. The forward rushes always looked dangerous, and it was good to see the short pulling movements amongst the pack. Quick heels from the loose were rewarded by two of our tries.

In the last quarter of an hour apathy seemed to set in, during which poor tackling nearly allowed the opposition to break through on several occasions.

Tries were scored by Havard (2), Roche and Mackay, one being converted by Dick.

GOLF CLUB

Beveridge Cup

In the final of the Beveridge Cup foursomes, Bart.'s (the holders) represented by L. R. Gracey and R. V. Fiddian, defeated the Guy's couple, Grant and I. Caldwell, the English international.

Bart.'s were under no illusion about the magnitude of their task. Caldwell is a Walker Cup trialist and Grant reputed to be a very steady 1 handicap player. However, any doubts as to the outcome were quickly dispelled when Fiddian put in a telling thrust by driving the 1st green with his brassie. Caldwell, however, to the satisfaction of Bart.'s onlookers, found the bunkers guarding the green with a No. 3 iron shot. This initial lead of one up was quickly followed up on the 2nd hole, Bart.'s getting down in bogey 5 to a 6 by Guy's. From then on Guy's never really recovered from this lightning thrust. Although winning the 3rd in a bogey 4 they were quickly reduced to 2 down agaain at the short 5th, where Caldwell bunkered his tee shot. The 7th was lost to a bogey 4 and the short 8th would have gone the same way had not Fiddian recovered with a brilliantly played bunker shot.

The turn was reached with Bart.'s 1 up and the long tenth was played impeccably, Fiddian finding the green with a brassie shot of the very first water. The 11th and 12th were halved unspectacularly in bogey though Fiddian's putting was beginning to show early signs of choreiform movement. With a par at the 13th Bart.'s got their nose well in front and became 3 up. The 14th was nearly lost on the green where Fiddian had an acute exacerbation of his chorea and jerked the ball well past the pin; Gracey, after coolly holing the return putt, was heard to remark that he thought his adrenal secretion must have gone up a good two units; however, it was not considered necessary to carry out any special investigations.

Guy's now vigorously counter-attacked and we caught a glimpse of the real Caldwell when he lashed his drive several miles down the 15th fairway—Grant carried on the bad work by finding the green with a diabolically good iron shot, winning the hole in a bogey 4 to a 5. Bart.'s were now heavily pressed and lost the 16th after Gracey, determined to give his partner as much bunker practice as possible, found a hazard to the right of the green. Fiddian was a little too strong with his niblick and the hole was lost to a bogey 3. Tight-lipped, the Bart.'s couple and their supporters made their way to the 17th tee with the score at only 1 up. Caldwell's drive was pushed out and found the rough, but Fiddian hit a splendid drive which disappeared somewhere in the eastern sky—he was unlucky enough to have found the edge of the rough which juts out, rather inconveniently, onto the fairway. However, Gracey, drawing out his 2 iron as if it were Excalibur and he King Arthur, lashed the ball onto the green, the ball finishing 15 yards from the pin—a truly great shot. To their everlasting credit, Guy's were quite unperturbed by this and Grant answered with a similar shot which landed short of the green and ran on, to end just inside

the other ball. It was Fiddian to putt first, and without a trace of his former trouble, laid the putt almost dead. Caldwell was woefully short by a matter of 2 yards and Grant missed his putt. Then Gracey, with calm deliberation, stepped up, and amid thunderous applause from all 5 Bart.'s supporters, tapped the ball into the hole and Bart.'s were home by 2 and 1.

This brings to a conclusion a year in which 5 matches have been won, 2 drawn and 1 lost.

The following have been awarded their colours for this year:—

L. R. Gracey, R. V. Fiddian, M. Braimbridge, R. E. Dreaper, C. V. R. Elliott, J. S. Dodge, D. H. Rushton.

RIFLE CLUB

Officers elected, season 1950-51:—

President—Mr. H. Jackson Burrows.

Vice-Presidents—Dr. G. Canti, Dr. G. E. Francis, Mr. C. Boswell.

Captain—B. D. Lascelles.

Hon. Secs.—J. H. Fairley and T. B. Catnach.

Hon. Treasurer—M. B. McKerrow.

Committee Members—M. C. Hall, F. B. Thoresby, J. S. Bunting.

We apologise to J. S. Bunting, who won the Benetfink Cup, for an error in the report in the October issue.

CRICKET CLUB

Officers for the 1951 season:—

President—Mr. J. E. A. O'Connell.

Vice-Presidents—Dr. Geoffrey Bourne, Dr. N. C. Oswald, Prof. Sir James Paterson Ross, Prof. A. Wormall.

Captain—M. Braimbridge.

Vice-Captain—H. B. Ross.

Secretary—P. B. Biddell.

Treasurer—B. N. Foy.

WOMEN'S HOCKEY CLUB

1st XI

v. **Guys.** Home. October 14. Won 6—2.

v. **Atlanta.** Home. October 21. Lost 3—5.

v. **Chislehurst Beavers.** Home. October 28. Won 4—2.

v. **L.S.E.** Home. November 1. Won 3—2.

The season has started well in spite of disappointingly little support from the newcomers. The match against Atlanta was particularly enjoyable although we did not manage to win.

1st XI Oxford Tour

v. **St. Anne's.** November 3. Won 4—0.

v. **Lady Margaret Hall.** November 4. Won 5—0.

v. **Queen's.** November 5. Lost 4—6.

v. **Somerville.** November 6. Lost 1—2.

The team spent a most enjoyable week-end at Oxford. The results of the matches were satisfactory and we were entertained royally by all our opponents. We hope to return this hospitality and to make this new venture an annual event.

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